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ABSTRACT

The paper examines staff and parent advocacy training for special needs preschool and Head Start children. The author outlines the rights and responsibilities as stated in federal and state legislation, and the aspects of advocacy not usually considered, such as maximizing the resources to provide an appropriate program. Suggestions are given for bridging the communication gap between preschools and public schools (who often are not aware of the extent of the program provided by preschools). Listed are 10 steps to take when parents are in conflict with their school system, such as, talking with the teacher or other school personnel and discussing the problem, and taking notes of conversations. Forms (with comments on the use and rationale of the forms) are included in the following areas: background information, developmental history, child's record of medical information/family health history, and educational history. A short section presents a step-by-step guide for educational goal setting for parents. The script of a slide presentation on advocacy for handicapped children in Project Head Start is provided. (PHF)

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STAFF ADVOCACY

AND

PARENT ADVOCACY TRAINING

FOR PRESCHOOL AND HEAD START

CHILDREN WITH SPECIAL NEEDS

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EC 115 306

PRESENTATION AT C E C CONVENTION, SESSION W 22, DALLAS, TEXAS
APRIL 1979.

INTRODUCTION

In order to clarify the title of this presentation, I need to begin by explaining my interpretation of both "training" and "advocate". First, my assumption is that training can occur in ways other than a structured workshop, much in the way that education often occurs outside the classroom. Teachers and parents learn and develop advocacy skills through many activities they are involved in working with and for the preschool child with special needs. This type of advocacy activity as well as suggestions for training to enhance advocacy skills will be discussed here.

Now to my definition of an advocate. I'm not going with Webster's number one definition which is someone who pleads a case (as in a court of law). Instead, I choose the synonym, "a supporter"..someone who speaks, writes or acts in support of a cause (or in this case a young child).

I. The first step in becoming an advocate is to learn the rights and responsibilities outlined in state and federal legislation
   - A. Free appropriate public education
   - B. Least restrictive environment
   - C. Supplementary services
   - D. Fair assessment
   - E. Individualized Education Program
     1. Present levels of performance
     2. Educational Goals
     3. Instructional objectives
     4. Special education and related services
     5. Placement
     6. Persons responsible for delivering program

7. Evaluation plans

F. Due process

1. Access to records
2. Notification
3. Consent
4. Participation in planning
5. Hearing procedures

There are many training programs and packages currently available for staff and parent training, which cover these topics. If you are interested in more information on this type of training, there are many being displayed in the exhibit area. Or, contact your Resource Access Project if you are with a Head Start program or the Regional Resource Center in your area. Because so much has been done on this topic, I will not be discussing it today. Instead, I will be focusing on advocacy as an active, constructive, positive process - not a legislative one.

II. Aspects of advocacy not usually included in the current conceptualization of the advocate as an adversary

A. Staff Advocacy

1. Maximizing the utilization of resources in providing an appropriate program

a. program resources

1) using support staff
2) explore for hidden talent

b. parent resources

1) the expertise of the parent of the child with special needs
2) other parents

c. community resources

2. Coordination of resources - using the Team Approach

a. training on the team approach must include

1) role responsibilities

2) leadership

3) communication

4) decision making

3. Modeling and promoting acceptance and understanding of individual differences in the program and in the community

B. Developing Parent Advocates Through Partnership

1. Developing skills and attitudes which will increase meaningful parent participation in later educational programs

a. recognizing and utilizing parental expertise

b. parent participation in decision making and goal setting

c. parent participation in the classroom

d. planning activities/techniques to be used at home which reinforce the classroom program

The Bridge Between Preschool and Public School

My premise here is that many public school personnel do not recognize preschool programs as valid educational programs. There exist misconceptions that preschool is still just a child care, babysitting service; when indeed preschool programs are individualizing to meet student needs, providing support services, following a process compliant with PL 94-142, using the team approach and therefore have valid and valuable information to share with the public school system about the preschool child with special needs.

One way to improve the credibility of information preschool staff

have to share is to improve the public school's awareness of the preschool program. this can be accomplished through the identification of someone from the public school staff to act as a liaison.

III. Buttressing the Bridge Between Preschool and Public School

A. Identification of public school personnel as liaisons

1. As a member of your assessment/diagnostic team
2. As a representative on your advisory board
3. Look for staff to share (e.g., speech therapist working part-time in both programs)
4. Initiate joint class activities
5. Organize a joint staff development or joint parent training activity

B. Topics for parent and/or staff training to improve advocacy skills

1. Rights and Responsibilities (See I)
2. "Ten Steps to Take...When you are in conflict with your school system"
   a. this handout from Closer Look emphasizes communication and understanding which are important aspects of advocacy prior to legal due process
3. Organizing parent expertise - Training suggestions from Western Los Angeles Direction Service
   a. Child Information Forms (see Handout)
      1) background information
      2) developmental history
      3) child's record of medical information/family health history
      4) educational history
   b. An Educational Goal-Setting Guide for Parents (see Handout)

A suggestion I once heard at an advocacy training was that parents come to an IEP meeting with a whole stack of file folders, have some written notes in the top one - the rest can be empty. Clever, but not as meaningful as having those folders contain the type of information on the Child Information Forms, or with goals they have prepared based on a training they participated in when their child was in preschool.

Additional advocacy activities for staff and parents are presented in the slide show which you are about to see. It was developed for use in advocacy training for Head Start parents and staff. It also demonstrates my interpretation of advocacy. Though it may be more difficult, negotiation and communication are more effective than conflict. Adversary advocacy may win battles, but does little toward building a long-lasting positive partnership.

TEN STEPS TO TAKE...

WHEN YOU ARE IN CONFLICT WITH YOUR SCHOOL SYSTEM

The right of parents to question actions or decisions of schools is clearly written into the Education for all Handicapped Children Act and regulations for Section 504 of the Rehabilitation Act. Both laws provide legal options for exercising your right to protest. But before you take legal steps, you want to use every available channel of communication with school representatives, to try to settle disputes through understanding and persuasion.

It is important to be aware of the people you can turn to for advice--and the key officials with whom you should discuss your problems. Here is a checklist you can use -- to help you take constructive action when things seem to be going wrong. Remember: Your handicapped child has the right to a free, appropriate education. That right is guaranteed by law.

1. Talk to your child's classroom teacher and to other school people who are aware of your child's needs, such as the counselor, nurse, school psychologist or social worker. Naturally, not all of these people are involved in every situation. Discuss the problem you see with any and all of the staff members who do know your child, to see if adjustments or changes can be made through new understanding and effort.

2. If these first steps don't work, do be sure to find out who among these school people will be willing to help you go further. Is the teacher sympathetic to your needs? Will she stand by your request? Does the counselor have information that will help? Ask them if they will be willing tocome to meetings with you later, or to supply letters or statements in support of your position.

3. Discuss your concerns with other professionals outside of school who know your child, such as your family doctor, pediatrician, psychologist, audiologist, neurologist or other specialists. Will they support your efforts to get new services for your child? Will they write letters, or come with you to important conferences to answer questions? Will they express their views on a tape recorder -- for you to bring to the school?

4. Remember to keep notes of your conversations and file of up-to-date records. This is invaluable.

5. Discuss your complaints with the school principal. Have a clear idea of your reasons for requesting a change in your child's program, and present your documentation. Be straightforward and self-assured.

You are an equal in this and other school conferences. It's neither necessary nor productive to be aggressive or apologetic. Approach it as a situation in which both of you are seeking a solution to a problem.

6. Go directly to your district director of special education or director of pupil personnel services if the school is unable (or unwilling) to change its decisions. If no such staff positions exist in your district, contact the superintendent of schools. The superintendent is responsible for all school programs in the district, and must be involved if other officials are unresponsive. Again, your notes, records and other files should be in order. Use them. In all of these conferences, it is important to know what part of the federal and/or state law protects your child's rights.

   It probably will be necessary to have more than one meeting to settle things. When meetings are held, make clear that you would like to have other people present who know your child and are familiar with the problem. Ask to have them included so that the discussion will be as productive as possible. Many problems can be settled just this way.

7. Bring your complaint before the local school board if none of these approaches work. Increasingly, there are members of school boards who are deeply concerned about special education and they may be able to take action on your behalf. Even if their actions do not bring about immediate results that help your child, school board members can, in the long run, see to it that education programs are developed, that teachers are trained for new responsibilities, that schools are accessible and capable of meeting special needs of handicapped children.

8. Get in touch with your state director of special education. He or she should have information and advice you can use. State departments of education are responsible for carrying out the provisions of P.L. 94 - 142. Explain fully what you see as a violation of your child's right to free, appropriate education under the law. Find out what action they can take to help the situation.

9. States are required by P.L. 94-142 to appoint complaint officers to investigate problems and monitor the implementation of the law. Find out if your state department of education has appointed someone to fill this position. Contact this officer for further advice, clarification of your rights under law, and suggestions for action.

10. Find your allies! In addition to reaching and conferring with these key people, it is extremely important to get support from other well-informed and skilled allies. They include:

    - Members of state and local chapters of parent and advocacy organizations, such as Association for Children with Learning Disabilities, Association for Retarded Citizens, National Association of the Deaf, United Cerebral Palsy -- and groups representing other disabilities. More and more parents are now trained and ready to go with you to school meetings, help decide what to do next, how to present your case. If you have difficulty locating parent groups concerned about your child's handicap, write to Closer Look.

- Advocates with special knowledge about the rights of handicapped children and youth. The number of centers providing advice and assistance in obtaining appropriate school programs is growing. Parents don't necessarily need the aid of a lawyer, but the often do need someone who understands the law and the school bureaucracy thoroughly. Protection and Advocacy centers are set up in every state for children with developmental disabilities. Check also with area college and university departments of special education. Write to Closer Look for other possible leads to local advocates.

- The people you have gathered as your own advisors can help counsel you about next steps if all your efforts to come to agreement break down. That's when you need to decide whether to call for a due process hearing before an impartial hearing officer, as provided by Public Law 94-142, or to take other legal action. This is your right, and it may turn out to be necessary; but before you move into legal action be sure that you have done what you can to solve problems through the methods already outlined.

For helpful information about due process hearings, 504 complaint procedures, appeals and court actions, write to the Children's Defense Fund, 1520 New Hampshire Avenue, N.W., Washington, D.C. 20036. Request a copy of this guide: "94-142 and 504: Numbers that Add up to Educational Rights for Handicapped Children." (Price $1.75)

Each state has specific steps for due process hearings and appeals. Write to your state department of education for information about state rules and regulations. Find out if a manual describing educational rights has been written for your state -- and get a copy. Take time to study your alternatives and get all the help you can from other parents, teachers and advocates so that you can be as effective as possible in defending your child's rights.

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*COMMON SENSE FROM CLOSER LOOK, A Project of the Parents' Campaing for Handicapped Children and Youth, Box 1492, December 1978, Washington, DC 20013, pages 9 - 10.

CHILD INFORMATION FORMS

The following forms:

1. BACKGROUND INFORMATION
2. DEVELOPMENTAL HISTORY
3. CHILD'S RECORD OF MEDICAL INFORMATION/ FAMILY HEALTH HISTORY
4. EDUCATIONAL HISTORY

are included in this handout. Complete the forms, or sections of the forms, which are appropriate for your child. You will then have a reference guide to use when making application to a new agency for services for your child.

It is suggested that the forms be inserted in a notebook where you can also file items such as

- medical, educational, psychological, and/or therapy reports
- your child's IEP and progress reports from the school
- copies of letters you've written or received concerning your child
- a log of phone calls and visits to agencies and professionals (including dates, names, phone numbers, purpose and outcomes of such contacts).

When all of the available information about your child is kept together in one place, it will be easier for you to keep track of it. Remember to keep you notebook up to date. You may want to take it with you when you go to your child's school for an IEP meeting, or to a new agency or service provider.

ALL OF THE FORMS ARE FROM DIRECTIONS II: A WORKBOOK FOR FAMILIES, DEVELOPED AND PRODUCED BY WESTERN LOS ANGELES DIRECTION SERVICE.

GENERAL INFORMATION AND HISTORY OF SERVICES RECEIVED

Why use this form?

Almost every agency with whom you come in contact will ask you questions about the background and service history of your child. These questions are a standard part of the "intake" process of most agencies. Many parents express frustration at having to answer the questions over and over. But the process is probably necessary because it is important that the agency that is about to begin serving you should know about what services you have received in the past so they don't do things over that have already been done. These kinds of questions also serve to orient and acquaint the professional with your child and your family. You may find that you save a lot of time and are less frustrated if you write down all the significant background information about your child here so that you don't have to try to remember the names and places you have been "on the spot", or dig through your purse or wallet for several tiny scraps of paper, business cards or old reports. This form, like most of the others that follow, is designed to save you time in the "long run" if you take time to fill it out now.

When you use the form

When you go to a new agency to be used as an aide in answering questions.

Before you go to the agency, you might send the form ahead, so they don't have to ask so many questions.

When your child starts a new school program.

When someone asks you the name of a professional or agency who has provided service to your child.

Date

BACKGROUND INFORMATION

Full Name of Child: _____ (Last) _____ (First) _____ (Middle)

Sex: _____ Age: _____ (Years, Months) Date of Birth: _____

Phone: _____ Child's Address _____ (No. Street City Zip)

Full Name of Mother _____ (Last) _____ (First) _____ (Middle)

Mother's Place of Employment _____ (Company) _____ (Occupation) Phone _____ ( ) (Check if O.K. to call)

Father's Place of Employment _____ (Company) _____ (Occupation) Phone _____ ( ) (Check if O.K. to call)

☐ Mother's ☐ Father's address if Not Living in the Home _____

Phone _____

In Case of Emergency, if Parent (Guardian) not Available, Contact:

_____ (Name) _____ (Relationship) _____ (Phone)

_____ (Street Address) _____ (City)

Hospital to be used in case of Emergency _____ (Name) _____ (City)

Other person's living in the home:

	Name	Sex	Age	Relationship
1.				
2.				
3.				
4.				
5.				

Marital Status of Natural Parent _____

Family Members Licensed to Drive _____

_____ Number of Cars _____

*Family Income: Under $5,000 ____, 5,000 - 10,000 ___, 10,000 - 15,000 ___, 15,000 - 20,000 ____, 20,000 - 25,000 ___, 25,000 - 30,000 ___, over 30,000 ___

**Family Religious Preference _____

** In most cases, cost of services becomes an issue and agencies can serve you most effectively if they have some idea of family income.*

*** Religious information is requested because some service providers focus their activities toward particular religious groups.*

SERVICE HISTORY

Medical:

Family Doctor _____
Name Specialty Address Phone

Pediatrician _____
Name Specialty Address Phone

Other Medical Specialists Who Have Evaluated or Treated Your Child:

Name	Specialty	Type of Service Given	Approx. Dates of Service	Address	Phone

Educational:

_____ _____
Nursery School Name City Age(s) while enrolled

_____ _____
Kindergarten Name City Age(s) while enrolled

Other Schools Attended:

Name of School	Type of School (K-6, K-8, etc.)	Location	School District	Dates Attended	Type of Special Service Received

Has Child ever skipped, failed or repeated a grade? _____

_____

_____

Present School _____
Name Address City

_____ _____ _____ _____
Phone Grade District Teacher

_____ _____
Principal Counselor/Psychologist

_____
Other School Personnel working with your child (Aides, Therapists, etc.)

Type of School:

( )Residential ( ) State School ( ) Public School ( ) Not in School

( ) Private School ( ) Hospital

Special Services presently received - What Services? How Often?

_____

_____

What School personnel (past or present) know your child well?

Name	Position	School

Other Services - Please list all clinics, agencies, hospitals, programs, or individuals from which the client has received services (Educational, medical, psychological, vocational)

Name of Provider	Agency	City	Dates of Service	Type of Service	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

What past or present service providers know your child well or are particularly familiar with an aspect of his growth and development?

Summary of current services being received.

List all services, programs or regular activities currently attended by your child. Specify days attended and the hours attended.

Service	Days Attended (Circle)	Hours Attended
1. School	Su, M, Tu, W, Th, F, Sa.	
2.	Su, M, Tu, W, Th, F, Sa.	
3.	Su, M, Tu, W, Th, F, Sa.	
4.	Su, M, Tu, W, Th, F, Sa.	
5.	Su, M, Tu, W, Th, F, Sa.	
6.	Su, M, Tu, W, Th, F, Sa.	
7.	Su, M, Tu, W, Th, F, Sa.	
8.	Su, M, Tu, W, Th, F, Sa.	

Name of person completing form: _____

DEVELOPMENTAL HISTORY

Why use this form?

Many agencies ask you to tell them something about your child's development. They usually ask you at what age your child was able to do certain things, like crawl, walk, or talk. It is especially difficult to recall all these "developmental milestones" when you have more than one child in your family or a number of years have passed since your child began walking, talking, etc. The task of answering questions about your child's development will be much easier if you fill out the form and have it as a reference for future use.

When you use this form

When visiting a new physician or health service.

When you are required to fill out similar forms for agencies serving your child.

When developmental "delays" need to be documented to establish eligibility for special services.

Definitions of terms requiring explanation

Present Functioning:

Ambulation (crawl, walk, run, hop, skip, use a tricycle)

Describe the ways your child presently is able to move from one place to another, and what method(s) he uses. Briefly describe any problems in ambulation or movement. (e.g., limps, has difficulty riding a two wheel bicycle, etc.) Be sure to note things your child may be particularly adept in as well as problems.

Manipulative ability (grasp, hold, lift, carry, release, push, pull)

Describe your youngster's ability to manipulate objects. This item is most useful in describing young children or a youngster with a physical limitation. If your child has no difficulty in this area, just write, "normal abilities for his/her age."

Additional Comments

If there is any significant aspect of your child's growth pattern not mentioned in the form, write such information here. Note any particular ability or behavior that your child may have developed at a seemingly early age as well as things that seemed to develop later than usual.

Child's Name _____ Birthdate _____

Person Completing Form _____ Date Form Completed _____

DEVELOPMENTAL HISTORY

Feeding history: _____

_____

_____

Sleep History: _____

_____

_____

Note age at which your child accomplished the following:

1. Hold head up _____
2. Smile _____
3. Roll over _____
4. Sit up alone _____
5. Crawl _____
6. Stand alone _____
7. Walk alone _____
8. First tooth _____
9. First word _____
10. Put words together _____
    Put phrases together _____
    Put sentences together _____
11. Drink from glass or cup _____
12. Eat solid food with fingers _____
13. Use a spoon _____
14. Indicate need to use toilet _____
15. Toilet trained - bladder _____
16. Complete care of self at toilet _____
17. Dress himself _____
18. Wash himself _____

Date of last bedwetting: _____

Is bedwetting a problem? _____

_____

_____

Present functioning:

Ambulation (crawl, walk, run, hop, skip, climb, use a tricycle):

_____

_____

_____

Manipulative ability (grasp, hold, lift, carry, release, push, pull):

_____

_____

_____

Any separations from family? _____

When? _____

Reasons: _____

_____

*From Parents of the Handicapped in Partnership with Helping Professionals, by the National Learning Resource Center of Pennsylvania.

Does child have any unreasonable fears or worries?_____

Describe_____

_____

_____

_____

_____

Temper tantrums?_____ At what age?_____

List any undesirable habits (biting fingernails, etc.):_____

_____

_____

_____

_____

Describe any traumatic or unusual experiences:_____

_____

_____

_____

Additional Comments: (List any other aspects of your child's development that seems significant)_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RECORD OF
MEDICAL INFORMATION

Why Use This Form?

Thorough and accurate medical records are essential to your child's receiving quality medical services. Some of the items included on this form may benefit a physician or health professional in diagnosing and treating your child.

There are some items that are called for on this form that will be difficult or impossible to fill in because you do not have access to the needed information. Be as thorough as you can, but don't feel a compulsion to fill in all the information that is difficult to acquire.

If your information is thorough and up-to-date, you may be able to reduce the amount of time a physician has to spend with your child and re-questioning of you and your child.

When to Use This Form

-- Previous to the school assessment to assist school officials in determining if a current medical evaluation is needed.

-- When visiting a new physician or specialist recommended by another physician.

-- When moving to a new community and starting services with new physicians.

-- To have available for the school nurse, should she request such information.

-- When requesting that an agency forego an expensive medical re-evaluation in order to establish eligibility. This form may provide the information needed to secure current medical reports that could avoid another expensive evaluation.

-- As an ongoing record and reminder to update routine physical examinations or re-evaluate the use of certain medications.

The following form was adapted from the Family Medical Record, Virginia Apgar, M.D., M.P.H., and "Medical History" and "Birth History," Parents of the Handicapped in Partnership with Helping Professionals, by the National Learning Resource Center of Pennsylvania.

CHILD'S RECORD OF MEDICAL INFORMATION

FAMILY HEALTH HISTORY

Information about the health of your immediate family may prove useful in the diagnosis and treatment of problems related to your child. Make note of any serious or chronic diseases in your family, with special attention to those listed below. It also helps to note the age when the disease first occurred.

Be sure to include:

Allergies	Hearing defects	Obesity
Arthritis	Heart defects	Tuberculosis
Cancer	Hypertension	Visual defects
Diabetes	Mental illness	Other recurring family diseases
Epilepsy	Mental retardation	

	Name	Birth Date	Blood Type & Rh	Occupation	Diseases, etc.	If Deceased, Age & Cause
	Husband					
	his father					
	his mother					
brothers & sisters						
brothers & sisters						
	Wife					
	her father					
	her mother					
brothers & sisters						
brothers & sisters						

CHILD'S BIRTH RECORD

Be sure to note such details as duration of pregnancy, length of labor, Cesarean delivery, use of forceps, newborn respiratory distress, jaundice or birth defects. If you are Rh-negative and the child was Rh-positive, were you given the Rh vaccine?

Name	Date	Sex	Wt.	Blood Type & Rh	Apgar Score	Hospital City	Physician	Mother's Age

Length of Pregnancy: _____ Hospital: _____

What medications did you receive? _____

Any vaginal bleeding? _____ How long? _____

During this pregnancy, did you experience:

Spotting	_____	Diarrhea	_____	Illnesses	_____
Exposure to X-ray	_____	Surgery	_____	Exposure to contagious	
Rashes	_____	Excessive vomiting	_____	diseases	_____
High temperature	_____	False labor	_____		

Comments on above: _____

_____

_____

_____

Did your doctor note:

High blood pressure?	_____	Medication received (type)	_____
Convulsions?	_____	Medication received (type)	_____
Fluid retention?	_____	Medication received (type	_____

Did you have any serious accidents during pregnancy? _____

Please explain. _____

_____

Birth Information

Birth weight: _____ Length: _____

Duration of labor: _____ Type of delivery: _____

Anesthesia used? _____

Any labor complications? _____

Any transfusion given? _____ Mother _____ Child _____

Did mother hear baby cry soon after birth? _____

Did baby require resuscitation? _____

Was baby in an incubator? _____ How long? _____

Did the doctor tell you why? _____

Postnatal Information

Length of hospital stay: Mother _____ Child _____

Mother's postnatal health: _____

Did the baby seem to tremble or shake? _____

Any convulsions? _____ When? _____

Any evidence of jaundice? _____ If so, when was it evident? _____

How long did it last? _____

Any scars, deformities noted? _____

Was baby breast fed? _____ For how long? _____

Any problem sucking? _____ Chewing? _____ Swallowing? _____

INCOMPLETE PREGNANCIES

A complete reproductive history includes details of spontaneous or induced abortions, miscarriages and stillbirths. If you are Rh-negative and the fetus was Rh-positive, whether or not you were given the Rh vaccine is relevant here, too.

Termination	Duration	Circumstances	Termination	Duration	Circumstances

CHILD'S RECORD OF ILLNESSES

List accidents, surgery and illnesses, including chicken pox, mononucleosis, hepatitis, measles, German measles, mumps, strep throat and whooping cough. If there was surgery, specify what was repaired or removed and note X rays taken, medications and diet.

Name	Date	Length of Illness	Nature of Illness, Injury or Surgery	Physician	Office, Clinic Hospital	Treatment

HEALTH AND ACCIDENT INSURANCE INFORMATION

Name	Policy Number	Date Issued	Company	Type of Coverage	Premium

PAYMENTS RECEIVED AGAINST HEALTH INSURANCE POLICY

Name of Policy	Date of Payment Received	Payment Received for:

IMMUNIZATION SCHEDULE

2 months	Diptheria/Tetanus/Pertussis (whooping cough) vaccine, first shot; polio vaccine, first dose	1 - 12 years	Rubella (German measles) vaccine
		15 - 18 months	Polio booster; DTP booster
3 months	DTP, second shot	4 - 6 years	Polio booster; DTP booster
4 months	Polio vaccine, second dose; DTP completed	12 - 14 years	Tetanus/Diptheria Toxoid (adult form); mumps vaccine
6 months	Polio vaccine completed	Thereafter	Tetanus/Diptheria toxoid every 10 years
12 months	Tuberculin test; rubeola (measles) vaccine		

IMMUNIZATION RECORD

Enter month and year of completed series, boosters, single immunizations

Immunizations	Child	Child	Child	Child	Mother	Father
DTP completed						
boosters						
Polio completed						
boosters						
Tuberculin test						
Rubeola (measles)						
Rubella (German measles)						
Tetanus/Diptheria toxoid						
Mumps						
Other						

PERIODIC PHYSICAL EXAMINATIONS

Name	Date	Physician/ Clinic	Ht.	Wt.	Blood Pressure	Findings, Advice or Instructions

MEDICATIONS

Note any medications that your child has taken in the past or is presently receiving, the condition which makes the medication needed, the doctor who prescribed the medicine, and the dosage, if it is known to you. Also comment on the effectiveness of the medication, according to your observations as a parent.

Medication	Approx. Date Prescribed	Presently Taking (✓)	Dosage	Prescribing Doctor	Condition For Which Prescribed	Effectiveness

Why Use this Form?

Teachers and school programs change from year to year. It is important that you keep an up-to-date history of the types of educational services your child has received so that you can present new teachers and programs with an overview of your child's school history. The school maintains cumulative records on your child, but there may be aggravating delays in transferring such records to another school or agency so that your child can receive the services s/he needs in a timely manner. Some services may accept your educational history in lieu of requesting school cum files.

It is also important to maintain consistent and continuous records on your child's progress in school, especially with regard to test data that chronicles your youngster's improvements in basic skill areas.

Some of the information contained in this form will be useful to school personnel who are helping to plan the most appropriate educational program for your child. You may be able to provide valuable information on what programs or types of persons have seemed most effective in dealing with your child, and which services or "teacher styles" seemed ineffective. Some of the items in this form may also be helpful in alerting teachers and school personnel to problems they may anticipate in dealing with your child. It is best to be honest about such past difficulties so school personnel can plan strategies to counteract problems before they reoccur. Don't be afraid to list such problems because you are afraid they will bias the teacher or school staff toward expecting your child to behave inappropriately. Most children inevitably "slip" back into old habit patterns regardless of who knows about their past history of problems. But if new people are better prepared to cope with these problems, your child may benefit.

This form will also help school officials to try to program activities that build upon your child's strengths as well as his weaknesses.

When To Use This Form

-- When moving to a new school.

-- To familiarize a related educational service provider (e.g., tutor) with your child's past educational history.

-- To assist you in contributing ideas toward the development of the individualized educational plan.

-- When school officials are planning you child's educational program.

-- When new achievement or other test data is reported to you.

EDUCATIONAL HISTORY

SCHOOL HISTORY

Name of school attended: _____

Dates Attended: _____

Grade or Class	Teachers

Principal: _____

Others Involved (Nurses, Psychologists, Counselor - List only if they had a significant involvement with you or your child.)

_____ _____

_____ _____

Describe your child's progress in each of the grades as best you can:

_____

_____

_____

_____

_____

_____

Achievement Data - List the results of any achievement tests that were given to your child that were reported to you:

Name	Date Given	Results

Have there been any teachers that seemed particularly effective in dealing with your child? If you can, describe why they were effective and what they did. Are there any particular personality characteristics that you have observed in teachers to which your child responded particularly, positively or negatively?

_____

_____

_____

_____

_____

_____

To your knowledge, what test or evaluation data has been done on your child?

Type of Education	Person Administering Agency & Address	Approximate Date	Results If Known

To your knowledge, were any methods or materials used to teach your child that seemed particularly effective:

What does your child like best in school?

What does your child like least in school?

Does your child experience particular difficulty in getting along with other children or adults in school? Yes ☐ No ☐

(If Yes) In what settings do problems usually occur?

What kinds of things does your child do in each of these settings that creates problems. (Give examples.)

What strategies have been employed to reduce these problems? Comment on their effectiveness.

AN EDUCATIONAL GOAL-SETTING GUIDE FOR PARENTS*

One of the most--if not the most--important things that a parent can do to help school and other professionals do a good job is to assist in the identification of goals for your child. If teachers and other professionals have some idea of what you would like to see happen to your child, they will be able to provide services and programs that help meet your expectations. There is no one better qualified to write a goal for your child than you, the parent. You know your child better than anyone else and you are legally in charge of his/her life. It is more than reasonable that you suggest goals for your child.

Goals are not that hard to write and require little special training. The short program that follows will help you to identify good goals for your child.

If you are writing these goals to assist school officials in planning an individual educational program for your child, you should turn in your list of goals to a member of the school planning team before the assessment process is completed so your suggestions can become a part of your child's individual program.

* From DIRECTIONS II: A WORKBOOK FOR FAMILIES.
Los Angeles: Western Los Angeles Direction Service, 1978

AN EDUCATIONAL GOAL-SETTING GUIDE FOR PARENTS

Goals--What Are They?

Goals are statements about things we're aiming to do, get or become. Setting goals for ourselves, and systematically working toward them, is a way of turning an ambition or desire into a reality. If you know what you want, you're more likely to get it.

Setting educational goals for children is an important part of planning an appropriate instructional program. Educational goals are statements that tell what skills or behaviors the teacher and child are aiming for. They are usually written for one school year at a time. Annual goals, such as "will be able to dress himself," may be steps along the way to life goals like, "will be independent," and represent a specific set of skills that the child will hopefully master over the school year.

Setting Goals

Parents can make a real contribution to the design of their child's educational program when they take some time to think about goals that they would like to see their child reach. These goals can then be discussed at meetings with school personnel. The following exercise is designed to give you practice in identifying essential, realistic, reachable goals for your child.

A STEP-BY-STEP GUIDE TO EDUCATION GOAL-SETTING

Read each section below, and take a few minutes to respond to the questions asked:

1. An educational goal describes a skill or behavior we would like to see a child learn, or do better. Educational goals are usually written for <u>one</u> year.

2. Since educational goals are usually written for one year, they are sometimes called <u>annual goals</u>. Many different kinds of goals can be set, but most of the educational goals you will want to aim toward with your child fall into one of the following five areas:

- 2.1 ACADEMIC SKILLS (e.g., reading; writing/spelling; math)
- 2.2 SELF-HELP SKILLS (e.g., eating; dressing; bathing; shopping)
- 2.3 MOTOR SKILLS (e.g., riding a bike; climbing stairs)
- 2.4 SOCIAL/EMOTIONAL SKILLS (e.g., sharing; making friends; saying "thank you"; trying new things; smiling)
- 2.5 VOCATIONAL/PREVOCATIONAL SKILLS (e.g., following directions; completing jobs; using tools).

3. Now, think of one thing you would like your child to be able to do by the end of the school year. Write it here:_____
(Child's Name)

will_____

_____

_____

Did you write something like:

- be able to read faster;
- be able to spell better;
- be able to tidy up his/her room;
- be able to play baseball;
- improve his math skills.

If you wrote something like the examples above, you have written a goal for your child.

4. Look at the goal you wrote; next, look back at Step 2, and check the skill area that is most like the goal you wrote. For example, if you wrote, "Jamie will have better coordination," you would check 2.3, Motor

Skills. If you wrote, "Alicia will be able to pick out her clothes and put them on," you would check 2.2, Self-Help Skills. If you wrote something like, "Chia will do her homework," mark the skill area that seems closest to the goal--2.1, Academic Skills.

5. Before going on to the next step in goal-setting, let's look at a few more examples of goals in each of the five areas.

ACADEMIC

READING

- read traffic safety signs
- improve sight vocabulary
- read at a 5th grade level
- understand what is read
- read a book

WRITING/SPELLING

- print name and address
- spell name and address
- write a book report
- make fewer spelling mistakes
- print more neatly

MATH

- get a passing grade in algebra
- count by 10's
- make change
- tell time
- learn the multiplication tables

SELF-HELP

- eat with a knife and fork
- go to the store on errands
- bring belongings home from school
- use the stove safely
- ride the bus
- use the telephone
- cross a street with traffic signals

MOTOR

- swim
- cut with scissors
- play on the basketball team
- drive a car
- play the piano

SOCIAL/EMOTIONAL

- have good manners
- enjoy playing with age-mates
- sleep without a light on
- play table games with the family
- participate in group activites

VOCATIONAL/PREVOCATIONAL

- be on time (for school, etc.)
- learn to type
- listen and follow instructions

- do chores around the house
- fill out a job application
- work independently

Notice these things about sample goals:

- <u>They are stated positively</u>;
- <u>They tell what skill the child will have</u> (play the piano vs. taking piano lessons).

Also notice that some goals seem to fit into more than one area. "Learn to type" could be seen as a vocational skill <u>or</u> as a motor skill. Knowing which area a goal should fit in is not really that important; the skill areas merely help to think of all the kinds of things you'd like your child to: learn
do better
do more often.

6. On the next page, there is space for you to write some more goals for your child. Remember, goals should be <u>realistic</u>, and <u>reachable</u> within a reasonable amount of time (otherwise, both you and your child may be frustrated and disappointed). You may want to review the sample goals before you go on to the next page.

7. Before you start writing your goals, we suggest you follow a simple procedure that may help you think of your goals faster. Take a kitchen timer, the timer on your stove, or an egg timer. Set the timer for 3 minutes. Then try to list as many things as you can that you would like your child to be able to do. Don't worry about what language you use. Just write a bunch of phrases or sentences as fast as you can. Try not

to let your pencil stop moving. You probably won't need the whole 3 minutes.

Set your timer and list your goals for your child below:

GOALS LIST FOR_____
Child's Name

8. Now look back at Section 2 and see if you have forgotten anything important from any of the skill areas. Don't feel you have to have all areas covered. Add any new goals you might think of to the above list.

9. Now look over your list of goals that you have listed and talk them over with someone else in your family, a friend, or your child, if appropriate. Can you or the other person think of anything else to add to the list?

   Ask yourself these questions about each of the goals:

   (a) Are they realistic?

   (b) Are that stated positively?

   Revise your goals if necessary.

10. The next step is to look at all of the goals you have written and decide which one is the most important to you and to your child.

    Think carefully about each goal. Now put a 1. beside the goal that is the most important, a 2. beside the next most important one, and so on, until you have them all numbered.

11. In Step 10 you prioritized the goals for your child--indicating their order of importance.

    Now you're ready for a meeting with your child's teacher(s) to talk about how these goals, and others identified by the educational team, can be included in your child's educational program.

Be prepared to:

a) add to the goals you have written, the goals the school thinks are important;

b) explain why a particular goal is important--why you think your child should work on it;

c) adjust your goals to reflect additional information about what is realistic and/or critical for your child at this time;

d) find out what you can do at home to help your child reach the goals that are finally set for him/her.

ADVOCACY FOR HANDICAPPED CHILDREN IN PROJECT HEAD START

A SLIDE TAPE PRESENTATION

SCRIPT

Children * with special needs in Project Head Start receive a wide * range of services. Mainstreaming helps all * children learn to accept their own and others' * special needs and we see children * and staff develop patience, awareness, and sensitivity * to the needs of others.

Mainstreaming * provides Head Start staff with a new role - that of advocate * for the child with special needs. The advocate might be a nurse, * a family worker, * a special education teacher * or the Local Coordinator for the Handicapped. * In this presentation, we will see some LCH (Local Coordinators for the Handicapped), * as advocates.

Advocacy begins with early recruitment * in seeking out children with severe handicaps. After enrollment, the LCH meets with the child's parents * to get a complete developmental and medical history. She then learns about the specific handicapping conditions from professional * consultants for from service agencies such as Easter Seals or United Cerebral Palsy Association.*

She becomes a self-trained specialist * who can share suggestions on educational techniques with center * staff and parents. A good communication system * among the LCH, staff, and parents can generate valuable new * approaches.

John, * a child with multiple handicaps, was referred to Head Start by the local Association * for Retarded Children. John had been diagnosed as retarded, blind and cerebral palsied but these labels *

provided little help to his mother and the Head Start staff. After a fruitless effort to get specific recommendations for working with John, the LCH at last persuaded * his pediatrician to make a referral to the United Cerebral Palsy center 100 miles away. This critical step made it possible for John to receive monthly * therapy services there.

The referral and evaluation process extended over six months and 1,200 miles of travel. * Throughout this time, the LCH continued to be an active advocate for John and his mother. She facilitated * John's application for aid under the state's Physically Handicapped Children's Fund. She informed John's mother about the benefits * offered by Supplemental Security Income. And she also arranged for speech therapy * to be part of John's Head Start program.

Advocacy * can work for Head Start parents, too. The LCH began the mainstreaming process with Casey, * a legally blind child, by working at home with him and his mother. She took * equipment and toys into the home and showed Mrs. Baker how they could be used. Because Mrs. Baker was herself legally blind * the LCH brought her talking books and other materials for her own use. Later, * when both Casey and his mother were actively involved in Head Start program, the LCH * encouraged Mrs. Baker to take the High School Equivalency exam and arranged * to get the test in the large print she needed.

Soon after Casey entered Head Start, * the LCH began efforts tc insure the he would receive an appropriate education on leaving the program. Supported * by Public Law 94 - 142, the Education for all Handicapped Children Act, the LCH took the following steps:

She did research * on the types of services which should be included in an educational program for the visually impaired. She then contacted *

the local school principal who explained that most legally blind children were either mainstreamed * in the regular kindergarten or educated in a specialized institution 400 miles away. *

When Mrs. Baker vetoed Casey's going away to school, * the LCH initiated a campaign * to get a resource teacher to work individually with Casey in the kindergarten program. Without this help she feared that Casey would not do well in a large public school class. In her efforts, she enlisted the support of parents * of other visually impaired children.

In the spring, the LCH invited the local public school director of special education * to discuss the procedures parents should use to obtain appropriate educational services for their children.

First, contact * the local school principal <u>in writing</u> and let her know that you feel your child is in need of special services. Second, meet * with the committee responsible for special education programming and make sure you understand their placement recommendation. If the committee's plan is not satisfactory, * parents have the right to pursue due process procedures beginning with an impartial formal hearing.

Mrs. Baker * and the LCH prepared their strategy carefully before meeting with the school committee to decide on Casey's program. As a result of Head Start's year - long effort, the final * recommendation was for Casey to attend regular kindergarten with the part-time support services of the districts first itinerant teacher trained in working with the visually impaired. *

Mrs. Baker and the LCH made a number of follow-up visits to * Casey's school to be sure that the planned program was actually * being implemented.

Advocacy * for proper services went relatively smoothly for Casey. Thi is not always so, * frustrations can be many.

Yet * we believe that children with special needs have the same rights as all children. Since, like all children, * they are unable to be their own advocates, * Head Start has assumed this role. The time and * energy demanded of our advocacy program prove to be well spent * when we see our children growing to reach their full potential.

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